

13 July 2015



NURSES AND  
MIDWIVES

**QUEENSLAND  
NURSES'  
UNION**

In association with the  
Australian Nursing Federation  
Queensland Branch

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The Chair  
Nursing and Midwifery Board of Australia  
GPO Box 9958  
MELBOURNE VIC 3001

Dear Dr Cusack

### Re: Draft Revised Registered Nurse Practice Standards

The Queensland Nurses' Union ('the QNU') writes to express our views on the second draft of the revised registered nurse ('RN') practice standards developed by Southern Cross University. We appreciate that a lot of time and effort has gone into the research and preparation of the draft standards, however we have a few concerns and suggestions that we would like to draw to your attention.

#### Guidelines for Supervision

The draft Standards state, on page three, that the codes and guidelines of the Nursing and Midwifery Board of Australia ('the Board') include 'Guidelines for Supervision'. We are not aware of any such guidelines being authored by the Board and none are locatable on the Board's website. The former ANMC provided a document titled 'Delegation and Supervision for Nurses and Midwives', which for a period of time was available on the ANMAC website after their transition from ANMC. However, the Board has not yet chosen to endorse that document or anything similar.

In our view, the draft standards should not mislead nurses, other health practitioners or the public by referring to a Board-endorsed document that does not exist. We recommend that any reference to 'Guidelines for Supervision' being a part of the codes and guidelines of the profession be removed.

#### Standard 1

We note that Standard 1.3 refers to respecting people's culture and experience, but is grouped under the Standard 1 heading relevant to critical thinking and analysis. Respecting people's culture and experience is relevant to the development of the therapeutic relationship with the person as well as the development of their client-centred nursing plan. We believe that Standard 1.3 would be better grouped under Standard 2, which is relevant to professional relationships.

#### Standard 2

Standard 2.2 states "*Recognises that people are the experts in the experience of their life*". We have concerns that this might prompt beginning practitioners to give undue weight to a person's

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attitude towards health care and therapeutic goals, especially in instances where a one-off experience of self or others might not necessarily reflect the usual or predicted therapeutic outcome.

We respectfully suggest that Standard 2.2 should read “Recognises that a person's experience of life is unique to each individual and incorporates that experience into nursing goals”. Standard 2.7 states “*Actively fosters a culture of safety and learning*”. A therapeutic and professional relationship is pivotal to the provision of quality nursing. We respectfully suggest that Standard 2.7 should read “Actively fosters a culture of safety, quality nursing and learning”.

### **Standard 3**

The first sentence of the preamble to Standard 3 is somewhat vague in its reference to RNs “*ensuring they are safe*”. The word ‘safe’ has a variety of meanings within the professional and employment contexts. We respectfully suggest that this sentence should insert the word “practitioners” after the word “*safe*”.

The final sentence in this preamble fails to elicit that health care decisions are to be made in an informed manner. We respectfully suggest that the word ‘informed’ be inserted immediately before the word “*decisions*”.

Standard 3.6 simply repeats the requirements of the Board’s Continuing Professional Development Registration Standard. We respectfully suggest that Standard 3.6 should read “Maintains contemporary knowledge and skill relevant to the profession and individual scopes of practice”. Such a statement not only requires the nurse to engage in continuing professional development but also encourages maintenance of contemporary, evidence-based practice.

Standard 3.9 fails to identify that RNs must take responsibility for the delegations that they make. We respectfully suggest that the phrase “the decisions to delegate” be inserted immediately after “*their role*,”.

### **Standard 4**

We have concerns that the first two standards within Standard 4 are heavily focussed on practice and fail to address that nursing is a human and caring profession. We respectfully suggest that Standard 4.1 should read “Conducts assessments within scope of practice that form a comprehensive, systematic, culturally appropriate and holistic assessment of the person” and that Standard 4.2 should insert the words “and nursing planning” immediately after the words “*inform practice*”.

### **Standard 5**

An essential component of registered nurse practice and its planning is the use of professional judgment in decision making. Whilst this might be implied in this Standard, we respectfully suggest that the second sentence of the preamble to Standard 5 should insert the word “professional” immediately before the word “*judgment*”.

### **Standard 6**

The application of professional standards and guidelines is critical to good nursing practice. As such, we suggest that the second sentence of the preamble to Standard 6 should insert the words

“the application of professional standards and guidelines” immediately after the words “*systematic assessment*”.

### **Standard 7**

In our view, Standard 7 also needs to articulate that it is not only nursing practice which is to be evaluated, but also the achievement or otherwise of nursing goals. We respectfully suggest that Standard 7 should read “Evaluates outcomes to inform nursing practice and nursing planning”.

### **Overall Brevity**

The current ‘National Competency Standards for the Registered Nurse’ articulates excellent detail in the guidance given to nurses, especially beginning practitioners, as to the practical application of nursing and its practice.

The dot points under each element of the current Standards provide real-world advice to nurses regarding how to apply the Standards to everyday nursing assessment, planning, care and evaluation. Failing to provide such detailed guidance risks exposing nurses to improper or sub-optimal application of the Standards, resulting in adverse outcomes for persons in their care. We believe that any revision of the RN practice standards should enhance the provision of quality health care through good guidance, not expose it to risk.

We also note that the proposed revised Standards will become a component of the Board’s Codes and Guidelines for the nursing profession. As such, the proposed Standards can be used as evidence in disciplinary proceedings. Where improper application of the proposed practice standards results in disciplinary action before the Board, the brevity of the proposed standards will encourage a wide interpretation of their application and, in our view, could make it more difficult for nurses, especially beginning practitioners, to articulate and defend how they met the Standard in question.

We strongly and respectfully suggest that any revision of the Standards must include dot point guidance similar to the current Standards under each element of each proposed Standard.

We thank the Board for its consideration and respectfully request that the Board provides a response in due course. Any queries regarding our concerns and suggestions should be directed to Mr Jamie Shepherd, QNU Professional Officer, by telephone on (07) 3840 1492 or by email at [jshepherd@qnu.org.au](mailto:jshepherd@qnu.org.au).

Yours sincerely



**Beth Mohle**  
**Secretary**